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Atty Docket No. 015114-068100US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Sean M. Weinman

Group Art Unit 2115

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CERTIFICATION OF FACSIMILE TRANSMISSION

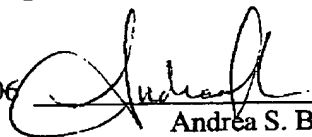
I hereby certify that the following documents in re Application of TRACY, PAUL et al., Application No. 10/623,479, filed July 18, 2003 for METHOD AND APPARATUS FOR MASSIVELY PARALLEL CONFIGURATION OF FPGAS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal-1 Page
2. Petition for Extension of Time-In Duplicate
3. Amendment-11 Pages

Number of pages being transmitted, including this page: 15

Dated: June 13, 2006


Andrea S. Beck

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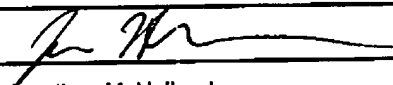
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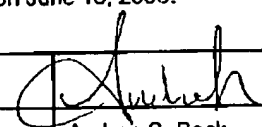
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/623,479
	Filing Date	July 18, 2003
	First Named Inventor	Tracy, Paul
	Art Unit	2115
	Examiner Name	Sean M. Weinman
Total Number of Pages In This Submission	Attorney Docket Number	015114-068100US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Signature			
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Date	6/13/06	Reg. No.	48,717

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